

Can Hepatitis B Surface Antigen-Positive Women Breastfeed?

Women infected with the hepatitis B virus often raise the question about the risk of infection to their infants from breastfeeding. The Perinatal Hepatitis B Prevention Program uses the following sources as reference:

1) The Red Book, American Academy of Pediatrics, 2006 Report of the Committee on Infectious Diseases "Transmission of Infectious Agents via Human Milk" p.125

"Hepatitis B surface antigen (HBsAg) has been detected in milk from HBsAg-positive women. However, studies from Taiwan and England have indicated that breastfeeding by HBsAg-positive women does not increase significantly the risk of infection among their infants. In the United States, infants born to known HBsAg-positive women should receive Hepatitis B Immune Globulin (HBIG) and the recommended series of 3 doses of hepatitis B virus vaccine, effectively eliminating any theoretic risk of transmission through breastfeeding. There is no need to delay initiation of breastfeeding until after the infant is immunized. Immunoprophylaxis of infants with hepatitis B virus vaccine alone also provides protection, but optimal therapy of infants born to HBsAg-positive mothers includes HBIG and the 3-dose series of hepatitis B virus vaccine."

2) Vaccinate Women, Winter 2002: A periodical for obstetrician/gynecologists from the Immunization Action Coalition, Volume 1, Number 1, p.1.

In the column "Ask the Experts" Harold Margolis, MD, and Linda Moyer, RN gave the following information.

Q: "Is it safe for an HBsAg-positive mother to breast-feed her infant?"

A: "Yes! An HBsAg-positive mother who wishes to breastfeed should be encouraged to do so, including immediately following delivery. However, the infant should receive HBIG and hepatitis B vaccine within 12 hours of birth. Although HBsAg can be detected in breast milk, studies done before hepatitis B vaccine was available showed that breastfed infants born to HBsAg-positive mothers did not demonstrate an increased rate of perinatal or early childhood HBV infection. More recent studies have shown that among infants receiving postexposure prophylaxis to prevent perinatal HBV infection, there is no increased risk of infection among breastfed infants."

3) Vaccinate Women, August 2004: A periodical for obstetrician/gynecologists from the Immunization Action Coalition, Volume 3, Number 1, p.1.

Q: "What is the possibility of maternal transmission of hepatitis B virus (HBV) when breast-feeding an infant if the mother is HBsAg-positive and has cracked or bleeding nipples?"

A: "Although HBsAg can be detected in breast milk, there is no evidence that HBV can be transmitted by breast-feeding. In studies done before hepatitis B vaccine was available, similar rates of mother-to-infant transmission were found among breast-fed and formula-fed infants. These findings indicate that the risk of transmission from breast-feeding is negligible, if any, compared with the high risk of infant exposure to maternal blood and body fluids at birth. More recent studies have shown that among infants receiving postexposure prophylaxis to prevent perinatal HBV infection, there is no increased risk of infection among breast-fed infants."

Babies born to HBV-infected mothers should be immunized with hepatitis B vaccine and hepatitis B immune globulin (HBIG), which will substantially reduce the risk of perinatal transmission. In addition, immunization should protect the infant from modes of postnatal HBV transmission, including possible exposure to HBV from cracked or bleeding nipples during breast-feeding. To prevent cracked and bleeding nipples, all mothers who breast-feed should be instructed on proper nipple care.